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**URGENT**

DATE: May 25, 2007

Your Ref:10/681639

Our Ref: 12927-7 LAB

| TO:Commissioner for Patents<br>United States Patent & Trademark Office | FAX #        | PHONE # |
|--|--------------|---------|
|  | 571 273 8300 |         |

Total Number of Pages (Including This Page): 4

FROM: Dr. Lola A. Bartoszewicz, Ph.D. / 416 849 8420

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PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

**3**

Application Number 10/681639

Filing Date October 8, 2003

First Named Inventor Shi Qianwei

Art Unit 1841

Examiner Name Yu, Melanie J.

Attorney Docket Number 12927-7 LAB

### ENCLOSURES (Check all that apply)

- ☒ Fee Transmittal Form
- ☒ Fee Attached
- ☒ Amendment/Reply
  - ☐ After Final
  - ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation
- ☐ Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) \_\_\_\_\_
- ☐ Landscape Table on CD

- ☐ After Allowance Communication to TC
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☐ Other Enclosure(s) (please identify below):

- ☐ Certified Copy of Priority Document(s)
- ☐ Reply to Missing Parts/Incomplete Application
  - ☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

Remarks

Response to Notice Requiring Excess Claims Fees

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Sim & McElmurray

Signature 

Printed name Dr. Lila A. Bartoszewicz

Date May 25, 2007

Reg. No. 43394

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature Cheryl Alphonso

Typed or printed name Cheryl Alphonso

Date May 25, 2007

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MAY 29 2007

T-288 P.003/004 F-026

PTO/SB/17 (05-07)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FEE TRANSMITTAL For FY 2007**

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)  
100.00

**Complete if Known**

Application Number 10/681639  
Filing Date October 8, 2003  
First Named Inventor Shi Qinwei  
Examiner Name Yu, Melanie J.  
Art Unit 1841  
Attorney Docket No. 12927-7 LAB

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 19-2253 Deposit Account Name: Sim & McBurney

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☒ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments

under 37 CFR 1.16 and 1.17  
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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 300         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims Extra Claims Fee (\$)

- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x =

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Response to Notice Regarding Excess Claims Fees

\$ 100.00

**SUBMITTED BY**

Signature

Name (Print/Type) Lola A. Bartoszewicz

Registration No. 43394  
(Attorney/Agent)

Telephone 416 849 8420

Date May 25, 2007

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAY 29 2007

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U.S. DEPARTMENT OF COMMERCE

Approved for use through 05/31/2007. OMB 065-11602  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Control number: 2-9410 OMB control number

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**OMB REGISTRATION AND DETERMINATION RECORD**

Application or Document Number: 10/681639

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Substitute for Form PTO-875

Application or Docket Number  
10/681639

APPLICATION AS FILED - PART 1

(Column 1)

(Column 2)

|  |   | (Column 1)   | (Column 2) |
|--|---|--------------|------------|
| FOR  | NUMBER FILED  | NUMBER EXTRA |            |
| BASIC FEE<br>(37 CFR 1.16(e), (b), or (c))       | N/A   | N/A          |            |
| SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))      | N/A   | N/A          |            |
| EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q)) | N/A   | N/A          |            |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                 | minus 20 =  | *            |            |
| INDEPENDENT CLAIMS<br>(37 CFR 1.15(h))           | minus 3 =   | *            |            |
| APPLICATION SIZE FEE<br>(37 CFR 1.16(e))         | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |              |            |

**MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))**

\* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A   | (Column 1)                                |       | (Column 2)                                  |   | (Column 3)       |
|---|---|-------|---|---|------------------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |   | PRESENT<br>EXTRA |
| Total<br>(37 CFR 1.16(m))                                       | 39  | Minus | 35  | = | 4                |
| Independent<br>(37 CFR 1.16(n))                                 | 0   | Minus | 3   | = | 0                |
| Application Size Fee (37 CFR 1.16(s))                           |   |       |   |   |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |   |       |   |   |                  |

## SMALL ENTITY

| RATE (\$)      | ADDITIONAL FEE (\$) |
|----------------|---------------------|
| x 25.00 =      | 100.00              |
| x 200.00 =     | 0.00                |
|                |                     |
| N/A            |                     |
| TOTAL ADDL FEE | 100.00              |

OR

OTHER THAN  
SMALL ENTITY

| RATE (\$)       |   | ADDITIONAL FEE (\$) |
|-----------------|---|---------------------|
| X               | = |                     |
| X               | = |                     |
| N/A             |   |                     |
| TOTAL ADD'L FEE |   |                     |

| AMENDMENT B   | (Column 1)                                |       | (Column 2)                                  | (Column 3)       |
|---|---|-------|---|------------------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
| Total<br>(37 CFR 1.16(i))                                       | "   | Minus | "   | "                |
| Independent<br>(37 CFR 1.16(j))                                 | "   | Minus | ***   | "                |
| Application Size Fee (37 CFR 1.16(e))                           |   |       |   |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i)) |   |       |   |                  |

| RATE (\$)       | ADDITIONAL FEE (\$) |
|-----------------|---------------------|
| X =             |                     |
| X =             |                     |
| N/A             |                     |
| TOTAL ADD'L FEE |                     |

|    | RATE (\$)       | ADDITIONAL FEE (\$) |
|----|-----------------|---------------------|
| OR | X               | S                   |
| OR | X               | E                   |
| OR | N/A             |                     |
| OR | TOTAL ADD'L FEE |                     |

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
• If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1, The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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